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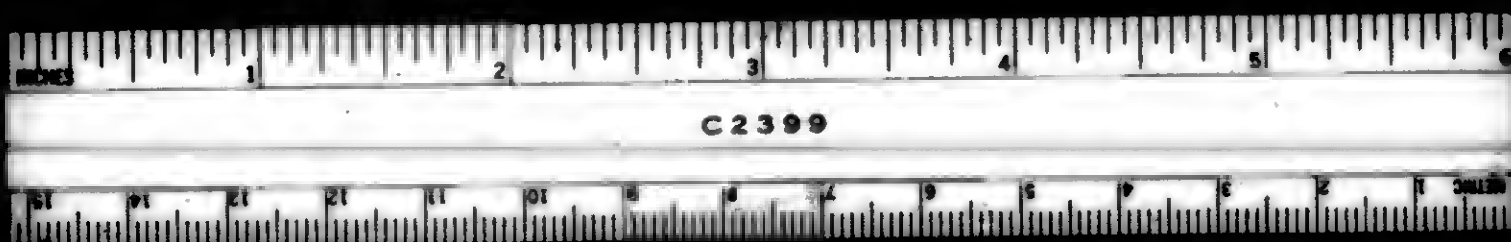
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SOME CORRELATES OF DISTORTION IN THE
PERCEPTION OF SELF-BLINDNESS

by

David Gordon Oliensis

This dissertation has been approved for final examination by the members of the student's Dissertation Committee whose written approvals are on file in the Office of Doctoral Studies, Teachers College.

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requirements for the degree of Doctor of Philosophy under
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1959

Abstract

SOME CORRELATES OF DISTORTION IN THE
PERCEPTION OF SELF-BLINDNESS

David Gordon Oliensis

Some correlates of distortion in the perception of severity of self-blindness were investigated in this study. Eighty-six blind adolescents and young adults responded to the Fitting Adjustment Scale and a Perceived Severity of Blindness Scale. Distortion in perception of blindness was computed on the basis of the relationship between perceived severity and objective severity of blindness. In addition, Ss responded three times to a set of descriptive words and phrases, indicating How I would be with normal vision, How I am now, and My idea of the ideal person. Disparagement of the present self and of the sighted self were rated according to the number of discrepancies between the ideal and each of these aspects of self-concept.

Two hypotheses were confirmed. Exaggeration of self-blindness was found positively related to maladjustment to blindness, and to the tendency to disparage the present self.

Five hypotheses were not confirmed. No relationship was established between exaggeration of self-blindness and the tendency to disparage the fantasied sighted self. No relationship was established between denial of self-blindness on the one hand, and maladjustment

to blindness, disparagement of the present self, or disparagement of the fantasied sighted self on the other. Nor was any relationship established between distortion in the perception of the degree of self-blindness and three situational factors: objective degree of blindness, duration of blindness, and degree of association with other blind persons.

The findings were further analyzed with respect to chronological age and mental development.

The results were discussed in terms of the self-concept and adjustment of the disabled, rehabilitation work, and further research.

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Dr. Harold Chenven, Chief Psychologist of the Institute for the Crippled and Disabled, introduced the author to the possibilities of research among the physically disabled, and provided the opportunity to try out both the ideas and the instruments incorporated in this study. Mrs. Marion Powell, also of the Institute for the Crippled and Disabled, collaborated with the writer in the preparation of some of the instruments used.

The following individuals were generous with their time and effort in arranging to make subjects available: Mr. Edward Waterhouse and Mr. Carl Davis of Perkins School for the Blind, Watertown, Mass.; Mr. Josef Cauffman and Mr. Joseph Kerr of Overbrook School for the Blind, Philadelphia; Mr. Robert Case and Mr. John Vesey of the Lighthouse, New York; Mr. Joseph Melillo of the New Jersey Foundation for the Blind; Miss Jewel Phillips of the Brooklyn Bureau of Social Service; and Mr. Sidney Saul of the New York Guild for the Jewish Blind.

Dr. Jacob Twersky was very helpful in his interpretation of Braille script.

Particular appreciation is accorded to the subjects who acceded in a spirit of cooperation to the demands of the testing situation, giving of themselves though knowing that they would receive little in return.

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CHAPTER I

INTRODUCTION

The purpose of this study was to investigate correlates of the tendency to distort in perceiving one's own disability. Specifically, distortions in the perception of degree of self-blindness were studied in relationship to aspects of self-concept, adjustment to blindness, and several situational factors.

Review of Previous Research

Though long observed as a clinical phenomenon, distortion in the perception of self-disability has received scant attention in research studies. The research most relevant to the present topic, therefore, exists in the areas of self-concept related to disability, psychological correlates of blindness, and adjustment to blindness in its relationship to certain situational factors.

Many studies have attempted to delineate the personality of the blind, or to assess the adjustment of the blind relative to the sighted. These studies have been summarized by several reviewers,^{1,2,3,4} who

¹ L. Meyerson. The visually handicapped. Rev. educ. Res., 1953, 23, 476-491.

² L. Meyerson. Special disabilities. Annu. Rev. Psychol., 1957, 8, 437-457.

³ B. Lowenfeld. Psychological problems of children with impaired vision. In W. M. Cruickshank (Ed.), Psychology of exceptional children and youth. Englewood Cliffs, N. J.: Prentice-Hall, 1955. Pp. 214-283.

⁴ R. G. Barker, Beatrice A. Wright, L. Meyerson, & Mollie R. Gonick. Adjustment to physical handicap and illness: a survey of the social psychology of physique and disability. Social Science Research Council, Bulletin 55. (Rev. ed.) New York, 1953.

conclude that the results are both conflicting and confusing. The consensus of these summaries is that research has failed to demonstrate a relationship between blindness per se and any specific personality pattern or level of adjustment. In one of these reviews, Meyerson¹ has succinctly pointed out that social and psychological factors are of prime importance in this context, because they mediate the physical disability in shaping personality and determining adjustment. He claimed, for instance, that the behavior of disturbed blind children is similar to that of all maternally deprived children, and that it can be understood in terms of the same psychological concepts.

The majority of previous studies in this area have failed to differentiate between blind subjects who may be psychologically very disparate. Only a few studies have compared blind subjects with other blind, rather than with the sighted; but these few have been quite productive. For example, Sommers² demonstrated that the adjustment of the blind was related to parental attitudes and security in early life. Bauman³ contrasted a group of socially well-adjusted, self-supporting blind, with a poorly-adjusted group, and found the former significantly

¹ L. Meyerson. Special disabilities. Annu. Rev. Psychol., 1957, 8, 437-457.

² Vita S. Sommers. The influence of parental attitudes and social environment on the personality development of the adolescent blind. New York: American Foundation for the Blind, 1944.

³ Mary K. Bauman. Adjustment to blindness. Harrisburg, Pa.: Commonwealth of Pennsylvania, 1954.

superior in terms of intelligence, manipulative ability, and personality inventory scores. Thus, it would seem that research concerned with individual differences among the blind is a potentially valuable avenue of investigation.

Another area of research relevant to the present study concerns the self-concept of the disabled. Fishman's¹ study was among the first to investigate this area by objective methods. Working with amputees, he demonstrated that the self-concept is a stable personality factor which is significantly related to adjustment to a leg prosthesis; favorable self-attitudes tend to accompany successful use of the prosthesis. Shelsky² determined the present, ideal, and retrospective self-concepts of amputees and tuberculosis patients, and found these three aspects of self-concept significantly affected by disability. Through the use of figure-drawings, both Cruickshank³ and Machover⁴ demonstrated that self-perceptions and body-images are affected by physical disabilities.

Several situational factors have been studied in relation to

¹ S. Fishman. Self-concept and adjustment to leg prosthesis. Unpublished doctoral dissertation, Columbia Univer., 1949.

² I. Shelsky. The effect of disability on self-concept. Unpublished doctoral dissertation, Columbia Univer., 1957.

³ W. M. Cruickshank. Psychological considerations with crippled children. In W. M. Cruickshank (Ed.), Psychology of exceptional children and youth. Englewood Cliffs, N. J.: Prentice-Hall, 1955. Pp. 284-344.

⁴ Karen Machover. Personality projection in the drawing of the human figure. Springfield, Ill.: C. C Thomas, 1949.

adjustment to blindness. Diamond and Ross¹ and Hibbeler² found more personality disturbances among those with lesser degrees of visual impairment, but Bauman³ found no relationship between adjustment and amount of residual vision. She also found that adjustment was independent of age at onset of blindness. Voohrees,⁴ however, found that subjects who were older when they lost their sight yearned more for its return. Greenberg⁵ studied the effects of segregated and integrated education for blind students, and found that those in integrated schools received more favorable scores on personality tests. Thus, investigations of the relationship between situational factors and adjustment to blindness have yielded conflicting and inconclusive results.

Rationale for Hypotheses

Distortion in the perception of the severity of a disability would seem to constitute a distorted symbolization of experience.

¹ B. L. Diamond, & Alice Ross. Emotional adjustment of newly blinded soldiers. Amer. J. Psychiat., 1945, 102, 367-371.

² Helen L. Hibbeler. Personality patterns of white adults with primary glaucoma. Amer. J. Ophthalmol., 1947, 30, 181-186.

³ Mary K. Bauman. Adjustment to blindness. Harrisburg, Pa.: Commonwealth of Pennsylvania, 1954.

⁴ A. L. Voorhees. Attitudes of the blind toward blindness. In Proceedings of the twenty-third convention of the American Association of Workers for the Blind, 1949, 65-67.

⁵ H. Greenberg. Some effects of segregated education on the personality. Amer. Psychologist, 1957, 12, 368. (Abstract)

According to Rogers:

Psychological maladjustment exists when the organism denies to awareness significant sensory and visceral experiences, which consequently are not symbolized and organized into the gestalt of the self-structure. When this situation exists, there is a basic or potential psychological tension.¹

Thus it would seem that maladjustment among the blind should be positively related to distortion, whether that distortion be exaggeration or denial.

Denial of disability is a reaction that is easily understood in a society which, like ours, places high value on productivity and physical appearance, and low value on self-pity. The disabled have been conceptualized as a disadvantaged and therefore unattractive minority group,^{2,3,4} and Dembo and others⁵ have pointed out that disability implies personal devaluation. Denial of disability would

¹ C. R. Rogers. Client-centered therapy. Boston: Houghton-Mifflin, 1951. P. 510.

² R. G. Barker, Beatrice A. Wright, L. Meyerson, & Mollie R. Gonick. Adjustment to physical handicap and illness: a survey of the social psychology of physique and disability. Social Science Research Council, Bulletin 55. (Rev. ed.) New York, 1953.

³ W. M. Cruickshank. Psychological considerations with crippled children. In W. M. Cruickshank (Ed.), Psychology of exceptional children and youth. Englewood Cliffs, N. J.: Prentice-Hall, 1955. Pp. 284-344.

⁴ L. Meyerson. Somatopsychology of physical disability. In W. M. Cruickshank (Ed.), Psychology of exceptional children and youth. Englewood Cliffs, N. J.: Prentice-Hall, 1955. Pp. 1-60.

⁵ Tamara Dembo, Gloria Ladieu-Leviton, & Beatrice A. Wright. Adjustment to misfortune--a problem of social-psychological rehabilitation. Artificial Limbs, 1956, 3(2), 4-62.

therefore appear to be a defensive maneuver on the part of those who are unwilling to face their limitations. The defensive use of denial also receives considerable encouragement from the values and attitudes of our society.^{1,2} In accord with Lecky's theory of self-consistency³ and Rogers' self-theory,⁴ it should be expected that those who deny their limitations in the specific area of disability would in general present a rather idealized self-portrait. Sommers,⁵ in fact, found that those of her blind subjects who tended to deny their physical limitations were generally evasive, unresponsive, and "never worried about anything." Only rarely did they give a glimpse of their underlying feelings of inadequacy. Therefore, it would seem that denial of blindness should be negatively related to the tendency to disparage any aspect of self-concept.

Exaggeration of the severity of a disability can be understood within the framework of the concept of secondary gains of illness.

¹ A. G. Gowman. The war blind in American social structure. New York: American Foundation for the Blind, 1957.

² Tamara Dembo, Gloria Ladieu-Leviton, & Beatrice A. Wright. Adjustment to misfortune--a problem of social-psychological rehabilitation. Artificial Limbs, 1956, 3(2), 4-62.

³ P. Lecky. Self-consistency. New York: Island Press, 1951.

⁴ C. R. Rogers. Client-centered therapy. Boston: Houghton-Mifflin, 1951.

⁵ Vita S. Sommers. The influence of parental attitudes and social environment on the personality development of the adolescent blind. New York: American Foundation for the Blind, 1944.

Cutsforth¹ and Gowman² have pointed out the temptations of many visually disabled to accentuate their limitations for the sake of the security and support that they can derive from society's solicitous attitude toward the blind. These writers, however, stress the notion that such retreat into disability involves implicit acceptance by the disabled person of society's undervaluation of the disability status. This type of response to blindness seems to correspond roughly with what Sommers³ classified as withdrawal in her blind subjects. Her "withdrawn" subjects felt inferior and stayed with their own group, avoiding outside contact and competition. They were oversensitive and prone to self-pity, and their thoughts and activities centered around their blindness. Thus it seems that exaggeration in the perception of the degree of self-blindness should be positively related to the tendency to disparage the present self.

The rationale for the hypotheses concerning a fantasied sighted self-concept is related to the dynamic significance of the level of aspiration. The summary of the data on level of aspiration by Lewin

¹ T. D. Cutsforth. The blind in school and society. New York: American Foundation for the Blind, 1951.

² A. G. Gowman. The war blind in American social structure. New York: American Foundation for the Blind, 1957.

³ Vita S. Sommers. The influence of parental attitudes and social environment on the personality development of the adolescent blind. New York: American Foundation for the Blind, 1944.

and others¹ implies that a high level of aspiration is often employed as a compensatory source of self-esteem by individuals who find inadequate satisfaction in their current functioning. At the same time, according to Escalona's resultant valence theory,² the level of aspiration is determined by the valence of future success or failure, modified by the perceived probability of fulfillment; aspirations are not focused within areas perceived as either too difficult or too easy. This theory was supported in part by Sears'³ data on a "negative discrepancy group" whose members self-protectingly set their aspirations low enough so that they could readily surpass them. Another study⁴ indicated that college cripples, more than normals, tend to protect themselves from failure in a similar manner, by setting very low explicit goals. In the light of such evidence, it would seem that those blind who self-protectingly exaggerate the degree of their loss would not tend to court frustration by establishing unduly high levels of aspiration for themselves. In such cases, compensatory self-esteem

¹ K. Lewin, Tamara Dembo, L. Festinger, & Pauline S. Sears. Level of aspiration. In J. McV. Hunt (Ed.), Personality and the behavior disorders. Vol. 1. New York: Ronald Press, 1944. Pp. 333-378.

² Sibylle K. Escalona. The effect of success and failure upon the level of aspiration in manic-depressive psychoses. Univ. Ia. Stud. Child Welf., 1940, 16, 199-302.

³ Pauline S. Sears. Level of aspiration in relation to some variables of personality: clinical studies. J. soc. Psychol., 1941, 14, 311-336.

⁴ Lewin et al. In Personality and the behavior disorders.

might be available to exaggerators only through contemplation of the fantasied nondisabled self-concept. Cutsforth,¹ Deutsch,² and Burlingham³ are among those who have noted the special readiness of the blind to give up reality and escape into fantasy. Idealized self-portraits, existing only in fantasy, are of course utterly invulnerable to any kind of proof or challenge. It would seem, therefore, that a disabled exaggerator could derive two satisfactions from the cultivation of an idealized nondisabled self-concept. On the one hand, he could pursue the self-esteem that his disability discourages him from seeking through present achievement or a high level of aspiration. On the other hand, he could place upon his disability all responsibility for his present perceived impotence, by emphasizing the difference between what he feels he is and what he feels he might have been if nondisabled. The need for such an idealized fantasy self would seem to vary directly with the degree of frustration engendered by the disability. And this frustration, in turn, would seem to be related to the degree of exaggeration of the disability, since exaggeration is self-negating at the same time that it is self-protective. Thus exaggeration in perception of blindness should be

¹ T. D. Cutsforth. The blind in school and society. New York: American Foundation for the Blind, 1951.

² F. Deutsch. The sense of reality in persons born blind. J. Psychol., 1940, 10, 121-140.

³ D. Burlingham. Psychic problems of the blind. Amer. Imago, 1941, 2, 43-85.

negatively related to the tendency to disparage the fantasied sighted self.

The field-theory approach to disability, as set forth by Barker and others,¹ Cruickshank² and Meyerson^{3,4} maintains that clear, unambiguous acceptance of a disability and self-identification as a disabled person tends to reduce conflict and contribute to personality adjustment. It would follow, therefore, that the greater the strength and number of factors disposing a blind person to identify himself as blind, the less distortion there should be in his perception of self-blindness. Objective degree of blindness, duration of blindness, and degree of association with other blind persons are three factors which should therefore be negatively related to distortion in perception of self-blindness.

Hypotheses

1. Exaggeration of self-blindness is positively related to

¹ R. G. Barker, Beatrice A. Wright, L. Meyerson, & Mollie R. Gonick. Adjustment to physical handicap and illness: a survey of the social psychology of physique and disability. Social Science Research Council, Bulletin 55. (Rev. ed.) New York, 1953.

² W. M. Cruickshank. Psychological considerations with crippled children. In W. M. Cruickshank (Ed.), Psychology of exceptional children and youth. Englewood Cliffs, N. J.: Prentice-Hall, 1955. Pp. 284-344.

³ L. Meyerson. Somatopsychological aspects of blindness. In Wilma Donahue, & D. Dabelstein (Eds.), Psychological diagnosis and counseling of the adult blind. New York: American Foundation for the Blind, 1947.

⁴ L. Meyerson. Somatopsychology of physical disability. In W. M. Cruickshank (Ed.), Psychology of exceptional children and youth. Englewood Cliffs, N. J.: Prentice-Hall, 1955. Pp. 1-60.

maladjustment to blindness.

2. Exaggeration of self-blindness is positively related to the tendency to disparage the present self.

3. Exaggeration of self-blindness is negatively related to the tendency to disparage the fantasied sighted self.

4. Denial of self-blindness is positively related to maladjustment to blindness.

5. Denial of self-blindness is negatively related to the tendency to disparage the present self.

6. Denial of self-blindness is negatively related to the tendency to disparage the fantasied sighted self.

7. Distortion in the perception of the degree of self-blindness is negatively related to the following situational factors:

- a. Objective degree of blindness.
- b. Duration of blindness.
- c. Degree of association with other blind persons.

CHAPTER II

PROCEDURE

Distortion in perception of severity of blindness was determined on the basis of discrepancies between optometric measurements and subjects' responses to the Perceived Severity of Blindness Scale. Evaluations of the present self and the fantasied sighted self were obtained through a comparison of subjects' ideals with their self-descriptions; the instrument used was a list of descriptive words and short phrases. The Fitting Adjustment Scale¹ and an oral form of the vocabulary subtest of the Adult Reading Test, Form I (A)² were also administered to measure adjustment to blindness and mental development, respectively.

Subjects

The subjects (Ss) were 86 visually disabled adolescents and young adults of both sexes. They were students of three residential schools for the blind, and were enrolled in grades 7 to 13. The Ss varied in chronological age, mental development, proportion of life blind,

¹ E. A. Fitting. Evaluation of adjustment to blindness. New York: American Foundation for the Blind, 1954.

² Permission for the use of this subtest was given by Professor Irving Lorge of the Institute of Psychological Research, Teachers College, Columbia University.

degree of objective blindness, number of blind in family, proportion of total life's schooling among the blind, and proportion of weekends spent with the blind. The data are summarized in Tables 1 and 2.

Table 1
Distribution of Subjects According to Pertinent Variables

Variable	Range	Mean	SD
Chronological age	12-25 yrs.	16.3 yrs.	2.4 yrs.
Vocabulary score	4-16	9.7	2.5
Percentage of life blind	3-100%	87%	25.4%
Number of blind in family	0-6	0.2	0.7
Percentage of total life's schooling among blind	5-100%	79.8%	31.0%
Percentage of weekends spent with blind	0-100%	44.8%	40.7%

Table 2 shows that the distribution of subjects in terms of degree of objective blindness is skewed in the direction of greater visual loss. This distribution differs from that obtained by Bauman,¹ who found the lowest proportion of her blind adult subjects in the middle ranges of the extent-of-vision continuum. The present skewed distribution suggests that less severely disabled subjects tend to

¹ Mary K. Bauman. Adjustment to blindness. Harrisburg, Pa.: Commonwealth of Pennsylvania, 1954.

Table 2
Distribution of Subjects According to
Degree of Objective Blindness

Layman's Criteria	Snellen Measurement	N
Totally blind	--	26
Light perception only	Up to but not including 2/200	21
Motion and form perception	2/200 to but not including 5/200	11
Traveling sight	5/200 to but not including 10/200	12
Able to read large headlines	10/200 to but not including 20/200	7
Borderline cases	20/200	6
Sighted	Better than 20/200	3

Note.--Extent-of-vision categories are based on those developed by the Committee on Statistics of the Blind.^a

^a C. Edith Kerby. Manual on the use of standard classification of causes of blindness. New York: American Foundation for the Blind, 1940.

pursue their education through institutions other than residential schools for the blind.

Administration

Subjects were tested in groups of four to twelve. The scales and word lists were read aloud, and the Ss responded individually. Seventy-nine of the Ss were tested within residential schools for the blind,

and responded by marking true-false or multiple-choice Braille answer sheets, and by writing brief answers in Braille. The other seven Ss were tested in a recreational center, and responded to the word lists and the Fitting scale by sorting numbered cards into yes or no boxes as the items were read. These seven Ss were questioned individually and privately by the examiner for situational information and for their responses to the Perceived Severity Scale and the Adult Reading Test.

Ss were asked to respond to the word list first with How I would be with normal vision; then with How I am now; and then with My idea of the ideal person. It was hoped that this sequence would minimize the Ss' guardedness and defensiveness, and would encourage them to differentiate between their blind and sighted self-concepts.

Instruments

Four different instruments were used in the testing procedure.

Self-concept

The present study approaches aspects of self-concept through the use of a list of words and short phrases, similar to the lists used by Bills,¹ Shelsky,² and others. The 88 items in the present word list


¹ R. E. Bills, E. Vance, & O. S. McLean. An index of adjustment and values. J. consult. Psychol., 1951, 15, 257-261.

² I. Shelsky. The effect of disability on self-concept. Unpublished doctoral dissertation, Columbia Univer., 1957.

were selected by the investigator and another psychologist. Items were chosen on the basis of judged simplicity and completeness in describing a wide range of traits and characteristics. A preliminary administration of this word list to 14 blind adults and 7 orthopedically handicapped adults indicated that all items were easily understood and capable of eliciting ready responses in terms of present self-concept, fantasied nonhandicapped self-concept, and ideal person.

In order to shorten the testing procedure and reduce Ss' fatigue, an abbreviated form of the word list was used for the description of the ideal. On 58 of the 88 items in the list, there was virtual unanimity among the 21 pilot Ss as to whether or not the item represented an ideal attribute. On the other 30 of the 88 items, two or more of the 21 Ss disagreed with the group consensus. Therefore, for purposes of identifying the ideal, the word list was shortened to the 30 items on which there was appreciable disagreement among the Ss in the pilot group as to whether or not the item represented an ideal trait. The other 58 words were considered either clearly ideal or clearly nonideal on the basis of the consensus of the pilot group. In this fashion it was hoped to effect necessary procedural economy without undue sacrifice of the expression of individual differences in values.

The complete word list is presented in Appendix A. The words used for the delineation of individual variations in the ideal are also indicated in this appendix.



Perceived Severity of Blindness Scale

An 11-item Perceived Severity of Blindness Scale was constructed to determine the absolute and comparative perceived severity of the disability itself; the degree to which the disability was perceived as limiting activities in the areas of travel, self-care, and recreation; and the degree to which blindness was perceived as an overall handicap. Responses were in terms of both numerical ratings (0-100) and lettered descriptive intervals. These two types of responses were required because it was difficult to anticipate initially which would be more meaningful or reliable.

The Perceived Severity of Blindness Scale is reproduced in Appendix B.

Adjustment Scale

Psychological adjustment was measured through the use of Fitting's Adjustment Scale,¹ a 42-item attitude scale designed specifically for use with the blind. Fitting's monograph, describing the standardization study on 155 Ss, reports corrected odd-even reliabilities of .93 and .94 for this instrument. Corrected validity coefficients up to .79 are also reported against the criteria of judges' ratings of both emotional and material aspects of Ss' adjustment to blindness.

Mental Development

The intellectual factor was considered in the present study because

¹ E. A. Fitting. Evaluation of adjustment to blindness. New York: American Foundation for the Blind, 1954.

Bauman's work showed the importance of intelligence as a factor in the adjustment of the blind. Because of the variation in the Ss' age range, an absolute measure of mental development was desired as a more appropriate measure of the intellectual factor than IQ would have been. Therefore, mental development was measured by the raw score on the vocabulary subtest of the Adult Reading Test, Form I (A).

Scoring and Treatment of Data

Each S's Perceived Severity score was the sum of his self-ratings on each of the 11 items of the Perceived Severity of Blindness Scale. Lettered intervals on the scale were accorded appropriate numerical value on the 0-100 continuum. Thus the possible range of Perceived Severity scores for each subject was 0-1100. The actual range of scores was from 98 to 801, with a mean of 393.7 and a standard deviation of 152.7.

A product-moment correlation of .53 ($N = 86$) was found between Perceived Severity scores and degree of objective visual loss. Through the use of a regression equation based on the distribution of objective visual loss and actual Perceived Severity scores, normative Perceived Severity scores were predicted for each of the seven categories of objective severity of blindness (as listed in Table 2). The residual, or absolute difference, between a S's actual Perceived Severity self-rating and his predicted Perceived Severity score was thus a measure of the distortion between his objective disability and his perception of it.

¹ Mary K. Bauman. Adjustment to blindness. Harrisburg, Pa.: Commonwealth of Pennsylvania, 1954.

The following variables were considered:

Distortion. The residual between a S's actual Perceived Severity self-rating, and the predicted Perceived Severity score for one with his degree of objective visual loss.

Exaggeration. Distortion in the direction of maximizing the severity of blindness.

Denial. Distortion in the direction of minimizing the severity of blindness.

Disparagement of Present Self. The number of discrepancies between How I am now and My idea of the ideal person.

Disparagement of Sighted Self. The number of discrepancies between How I would be with normal vision and My idea of the ideal person.

Maladjustment. The number of "maladjusted" responses on the Fitting Adjustment Scale.

Equivalence of Procedures

The significances of differences between the means and the variances of the groups that responded through Braille answer sheets and through card-sorts were computed in respect to 5 variables. The data are presented in Tables 3 and 4. Inasmuch as no significant differences between means and only one significant difference between variances were found, it was decided to treat the two statistically as one homogeneous group.

Table 3

Significance of Differences Between the Means of
the Braille-Answer-Sheet and Card-Sort Groups

Measure	\bar{t}^a
Distortion	1.07
Exaggeration	1.06
Disparagement of Present Self	.42
Maladjustment	.11
Disparagement of Sighted Self	.85

^a $t_{.95} = 1.67$, with 84 degrees of freedom.

Table 4

Significance of Differences Between the Variances
of the Braille-Answer-Sheet and Card-Sort Groups

Measure	\bar{F}
Distortion ^a	1.21
Exaggeration ^b	1.43
Disparagement of Present Self ^a	1.16
Maladjustment ^b	2.65*
Disparagement of Sighted Self ^a	3.11

^a $n_1 = 78$, $n_2 = 6$, $F_{.95} = 3.72$

^b $n_1 = 6$, $n_2 = 78$, $F_{.95} = 2.21$

* Significant at .05 level.

Reliability

Split-half reliability coefficients were computed for Disparagement of Present Self, Disparagement of Sighted Self, and Perceived Severity. These reliability coefficients were corrected by the Spearman-Brown prophecy formula. The results are presented in Table 5.

Table 5

Split-half Reliability Coefficients of Instruments
(N = 86)

Measure	<u>Reliability Coefficients</u>	
	<u>Raw</u>	<u>Corrected by Spearman-Brown Formula</u>
Disparagement of Sighted Self	.79	.88
Disparagement of Present Self	.82	.90
Perceived Severity	.75	.86

CHAPTER III

RESULTS

The hypotheses were tested by the significance of the product-moment correlation coefficients between the variables under consideration.

The first three hypotheses stated that exaggeration of self-blindness is positively related to maladjustment to blindness and to disparagement of the present self and negatively related to disparagement of the fantasied sighted self. As the data in Table 6 show, the first two hypotheses were confirmed; the third was not.

Table 6

Correlations Between Aspects of Distortion and Major Variables

Variable	Exaggeration (N = 37)	Denial (N = 49)
Maladjustment	.28*	.17
Disparagement of Present Self	.57**	-.12
Disparagement of Sighted Self	.25	.03

* Significant beyond .05 level.

** Significant beyond .0005 level.

The fourth, fifth, and sixth hypotheses stated that denial of self-blindness is positively related to maladjustment to blindness, and negatively related to disparagement of the present self and to disparagement of the fantasied sighted self. As shown by the correlations in Table 6, none of these hypotheses were confirmed.

The seventh hypothesis stated in part that distortion in the perception of the degree of self-blindness is negatively correlated with the objective degree of blindness, and in part that distortion in the perception of the degree of self-blindness is negatively correlated with the proportion of life blind. These correlations are shown in Table 7. These parts of the hypothesis were not confirmed.

Table 7
Correlations Between Distortion and Situational Variables
(N = 85)^a

Situational Variable	Correlation Coefficient
Objective degree of blindness	-.17
Proportion of life blind	.01
Amount of association with other blind persons	
Proportion of total life's schooling among blind	-.21*
Number of blind in family	.09
Proportion of time spent with blind	-.04

^a One subject omitted because of incomplete data.

* Significant beyond .05 level.

Another part of the seventh hypothesis stated that distortion in the perception of the degree of self-blindness is negatively correlated with the amount of association with other blind persons. The results are shown in Table 7. This part of the hypothesis was confirmed beyond the .05 level of significance when the amount of association with other blind persons was measured by the proportion of total life's schooling among the blind. However, this part of the hypothesis was not confirmed when the amount of association with other blind persons was measured by the number of blind in the family or the proportion of free time spent with the blind.

Additional Analyses

Additional analyses considered chronological age and mental development.

Chronological Age and Mental Development

Because of the wide variation in chronological age among the Ss, this factor was correlated with Exaggeration, Denial, Maladjustment, Disparagement of Present Self, and Disparagement of Sighted Self. The results are summarized in Table 8.

As previously indicated, mental development was rated according to raw scores on the vocabulary subtest of the Adult Reading Test, Form I (A). These raw scores were also correlated with Exaggeration, Denial, Maladjustment, Disparagement of Present Self, and Disparagement of Sighted Self. These data are also presented in Table 8.

Table 8

Correlations Between Measurements of Maturity and Other Variables

Variable	Chronological Age	Mental Development	N
Exaggeration	.45**	.18	37
Denial	.19	.04	49
Maladjustment			
(among exaggerators only)	-.32*	-.27*	37
(among deniers only)	-.31*	-.44**	49
Disparagement of Present Self			
(among exaggerators only)	.03	.13	37
(among deniers only)	.14	-.47**	49
Disparagement of Sighted Self			
(among exaggerators only)	.09	.10	37
(among deniers only)	-.09	-.24*	49

* Significant beyond the .05 level.

** Significant beyond the .01 level.

The following significant relationships were found among these data:

Chronological age is positively related to Exaggeration.

Chronological age and mental development are both negatively related to Maladjustment among all Ss. Mental development is negatively related to both Disparagement of Present Self and Disparagement of Sighted Self among deniers only.

Partial Correlations

Some of the variables significantly related to chronological age and mental development had been found significantly interrelated to one another. Therefore, it was necessary to determine whether or not these latter relationships existed solely on the basis of a mutual relationship with chronological age or mental development. Accordingly, chronological age and mental development were partialled out of these relationships. The results are presented in Tables 9 and 10.

In no case were these relationships significantly lowered by the partialing of chronological age or mental development. The relationship between Exaggeration and Maladjustment was significantly raised when chronological age was held constant.

Table 9

Correlations Before and After Partialing Out Chronological Age
(N = 37)

Related variables	First order correlations	Level of significance of first order correlations	Partial correlations	Level of significance of partial correlations
Exaggeration and Disparagement of Present Self	.57	.0005	.63	.0005
Exaggeration and Maladjustment	.28	.05	.50	.01

Table 10

Correlations Before and After Partialing Out Mental Development

Related variables	First order correlations	Level of significance of first order correlations	Partial correlations	Level of significance of partial correlations
Exaggeration and Disparagement of Present Self	.57	.0005	.56	.0005
Exaggeration and Maladjustment	.28	.05	.35	.05

CHAPTER IV

DISCUSSION

The results of the present study demonstrate the existence of a relationship between distortion in the perception of the degree of self-blindness and certain psychological variables.

Two hypotheses were confirmed. Specifically, exaggeration of self-blindness was found positively related to disparagement of the present self-concept and to maladjustment to blindness. These results are compatible with those obtained by several other investigators. Fishman¹ found a positive self-concept related to a favorable adjustment to disability. Bills² found that Ss with low self-acceptance direct similar unaccepting attitudes toward their performance. Calvin and Holtzman³ found maladjustment positively related to self-depreciation.

Five hypotheses were not confirmed. No relationship was found between exaggeration and disparagement of the fantasied sighted self.

¹ S. Fishman. Self-concept and adjustment to leg prosthesis. Unpublished doctoral dissertation, Columbia Univer., 1949.

² R. E. Bills. A comparison of scores on the Index of Adjustment and Values with behavior in level of aspiration tasks. J. consult. Psychol., 1953, 17, 206-212.

³ A. D. Calvin, & W. H. Holtzman. Adjustment and the discrepancy between self-concept and inferred self. J. consult. Psychol., 1953, 17, 39-44.

No relationship was found between denial on the one hand, and maladjustment to blindness, disparagement of the present self, or disparagement of the fantasied sighted self on the other hand. Nor was any significant relationship established between distortion and the three situational factors under consideration.

The absence of a negative relationship between Exaggeration and Disparagement of Sighted Self furnishes no support for the notion that exaggerators of present disability turn to an unchallengeable idealized fantasy of a nondisabled self for compensatory satisfactions. Quite to the contrary, the correlation of .25 between Exaggeration and Disparagement of Sighted Self approaches significance in the positive direction. This correlation suggests a possible tendency for the exaggerator to regard his fantasied sighted self in the same light that he regards his present self; if he disparages the one, he may tend to disparage the other also.

This unexpected consistency between different aspects of self-concept may be explained in a number of ways. It may be due simply to failure of the testing procedure to elicit the desired shades of differentiation within the self-concept. It may also be due to consistency in the Ss' habits or styles of verbal response, as discussed by Jackson and Messick.¹ The relative congruence between present and sighted self-concepts may also speculatively be attributed to the Ss'

¹ D. N. Jackson, & S. Messick. Content and style in personality assessment. Psychol. Bull., 1958, 55, 243-252.

youth. Perhaps despite present disabilities, they found compensatory self-esteem with relative ease in fantasies of future achievement, and therefore did not need to resort to compensatory fantasies of a wholly speculative self-concept. This notion is lent some support by Harway's¹ finding that, because of uncertainty in goal-setting situations, handicapped children tend to be unrealistically ambitious, confused and inconsistent in tasks. Similarly, Cruickshank² found an apparently related confusion among handicapped children, exemplified by their tendency to compare themselves with others on a physical basis, and yet to insist that they were equal to others. It is also possible that many of the exaggerators were quite depressed and failed to differentiate between aspects of self because they entertained no illusions of success or worth in any area, reality, aspiration, or fantasy. It should be noted in this connection that Bills³ found a relatively high frequency of Rorschach indications of depression in Ss who, like the present exaggerators, showed high discrepancies between self-ratings and ideals.

¹ Vivian T. Harway. Self-evaluation and reactions to success and failure experiences in orthopedically handicapped children. Unpublished doctoral dissertation, Univer. of Rochester, 1952. Cited by W. M. Cruickshank, Psychological considerations with crippled children. In W. M. Cruickshank (Ed.), Psychology of exceptional children and youth. Englewood Cliffs, N. J.: Prentice-Hall, 1955. P. 299.

² Cruickshank. Psychology of exceptional children and youth.

³ R. E. Bills. Self-concepts and Rorschach signs of depression, J. consult. Psychol., 1954, 18, 135-137.

The minimal support for the hypothesis relating Distortion and situational determinants of blind identification may be accounted for in two ways. On the one hand, it may be that the Ss were too homogeneous, inasmuch as all were students in residential schools for the blind. Perhaps there would have been more positive results among Ss who varied more widely in terms of the variables considered. On the other hand, it is possible that more sensitive measurements of the quality of Ss' experiences with the blind and blindness would have proved more pertinent than the present quantitative measurements as determinants of blind self-identification.

Confirmation of two out of seven hypotheses is beyond the .01 level and thus the relationships obtained would seem to be relatively reliable. However, while statistically significant, these relationships are still limited in magnitude, leaving much of the variance in each variable unaccounted for.

Although chronological age and mental development were found significantly correlated with Exaggeration and with the major dependent variables, these correlations were not sufficient to account for the other relationships described earlier. However, the data involving chronological age and mental development do suggest some interesting possibilities. The positive relationship between Exaggeration and chronological age suggests that older Ss may tend to view their disability as more seriously limiting than the younger Ss do. Such a difference might be accounted for in part by the older Ss' developing romantic heterosexual interests and their closer

proximity to the ultimate transition from the sheltered environment of the residential school to the larger society of work and sighted competition. The negative relationships found between Maladjustment scores and both chronological age and mental development suggest that both social and mental maturity might be important determinants of the kinds of responses that Ss gave on the Fitting Adjustment Scale. This finding may be explained in part by the previously obtained relationship between intelligence and adjustment to blindness.¹ Nevertheless, the present findings might also be interpreted in such a manner as to raise the question of the validity of the Fitting scale. The fact that subjects chronologically and mentally more mature tended to give more adjusted responses suggests the possibility of conscious, deliberate control of answers to this scale. Attitudes intellectually recognized as irrational and undesirable may have been purposely denied, regardless of Ss' covert feelings.

The implication of a conscious manipulation of test responses is supported to some degree by the negative relationships found among deniers between mental development on the one hand, and Maladjustment, Disparagement of Present Self, and Disparagement of Sighted Self on the other. These relationships suggest that among those oriented toward a denial of limitations in the one area of blindness, a departure from this denying orientation in other areas indicates an inability to maintain a consistent facade, and is associated with low

¹ Mary K. Bauman. Adjustment to blindness. Harrisburg, Pa.: Commonwealth of Pennsylvania, 1954.

mental development. This implication is further strengthened by the fact that mental development (three times) and chronological age (once) were the only variables in the entire study that were found significantly related among the deniers to aspects of self-concept or to maladjustment. Thus among the deniers, responses to the self-concept and the adjustment scales did not vary according to degree of denial, but rather according to mental and chronological maturity.

Two Kinds of Distortion

The results of this study suggest that the exaggerator is a defeated and empty person. He seems to see his present self as devalued, and despite his defensive self-justification through emphasis on the limitations imposed on him by blindness, he tends to feel that even if he had normal sight he would still be devalued. This reaction to blindness seems to correspond with what Sommers¹ has described as "Withdrawal."

By contrast, this study gives few impressions of the denier. Almost the only direct information furnished is the interesting but not surprising suggestion that if one chooses to be a denier, he can deny more consistently and effectively if he has greater mental development. It is possible, however, that the lack of evidence relating to denial may be due to the inclusion within this rubric of

¹ Vita S. Sommers. The influence of parental attitudes and social environment on the personality development of the adolescent blind. New York: American Foundation for the Blind, 1944.

two distinct and even opposed phenomena: an undesirable denial and a desirable minimization. The undesirable denial is a genuine distortion of experience, a violation of the reality principle. The desirable minimization, on the other hand, is not really a distortion, because it allows for the accurate acceptance and symbolization of all experiences, positive as well as negative. The experiences of ability are therefore perceived in appropriate perspective, together with experiences of disability.

It may be, then, that among those Ss who were statistically classified as deniers, there was a mixture of both genuine deniers and minimizers. These two types would seem to be roughly analogous to those that Sommers¹ has classified under Denial and Compensatory Reactions, respectively.

The present study thus suggests a greater possibility of a favorable adjustment among the deniers than among the exaggerators. This concept is not in accord with Cutsforth's² contention that the blind can merely choose from among two alternative maladjustments: renouncing blindness or escaping into it. The present results seem to imply a habitable middle ground between these two extremes, but perhaps closer to the former than to the latter.

¹ Vita S. Sommers. The influence of parental attitudes and social environment on the personality development of the adolescent blind. New York: American Foundation for the Blind, 1944.

² T. D. Cutsforth. The blind in school and society. New York: American Foundation for the Blind, 1951.

Implications for Rehabilitation

The present study was originally conceived in a rehabilitation setting for the orthopedically disabled. The chief advantage of using blind Ss was that their disability lends itself readily to quantification. Many of the sources from which the hypotheses were derived pertained to the orthopedically disabled. Therefore many of the results of this study may be applicable to physical disabilities other than blindness.

The major implication for rehabilitation in this study is support for the contention^{1,2,3,4,5,6} that self-respect and constructive

¹ R. G. Barker, Beatrice A. Wright, L. Meyerson, & Mollie R. Gonick. Adjustment to physical handicap and illness: a survey of the social psychology of physique and disability. Social Science Research Council, Bulletin 55. (Rev. ed.) New York, 1953.

² R. G. Barker, & Beatrice A. Wright. The social psychology of adjustment to physical disability. In J. F. Garrett (Ed.), Psychological aspects of physical disability. Washington: Office of Vocational Rehabilitation, 1952. Pp. 18-32.

³ H. R. Blank. Psychoanalysis and blindness. Psychoanal. Quart., 1957, 26, 1-24.

⁴ Tamara Dembo, Gloria Ladieu-Leviton, & Beatrice A. Wright. Adjustment to misfortune--a problem of social-psychological rehabilitation. Artificial Limbs, 1956, 3(2), 4-62.

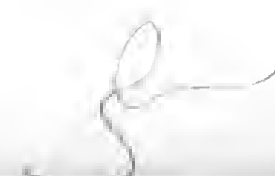
⁵ S. Fishman. Self-concept and adjustment to leg prosthesis. Unpublished doctoral dissertation, Columbia Univer., 1949.

⁶ B. Lowenfeld. Mental hygiene of blindness. In Wilma Donahue, & D. Dabelstein (Eds.), Psychological diagnosis and counseling of the adult blind. New York: American Foundation for the Blind, 1947. Pp. 35-44.

adjustment to disability are related to recognition and acceptance of remaining assets. It is a moot question, however, as to which is the cause and which the effect in this relationship. The usual assumption in the literature, implicit in the occupational therapy and vocational rehabilitation approach, is that through recognizing his remaining assets, the disabled person can develop self-respect. The opposite sequence seems equally defensible, however: Barker and Wright¹ have pointed out that through developing self-respect, perhaps by virtue of the respect accorded him by his rehabilitation worker, the disabled person can learn to recognize and use his assets. It is likely, of course, that these two reactions work together in mutual reinforcement.

This study found unfavorable features associated more often with exaggeration of a disability than with its denial. Evidently, then, denial is not always an unfavorable way of handling a disability, and rehabilitation workers would do well to differentiate carefully and critically between those who would and those who would not profit from a fuller recognition of the limitations imposed by their disability. It is possible that some of the counseling time spent with some deniers might be spent to better advantage with the exaggerators.

¹ R. G. Barker, & Beatrice A. Wright. The social psychology of adjustment to physical disability. In J. F. Garrett (Ed.), Psychological aspects of physical disability. Washington: Office of Vocational Rehabilitation, 1952. Pp. 18-32.



Suggestions for Further Research

The present study confirms previous research which has shown psychological disparities between members of the same disability group. Such evidence illustrates the difficulties that beset the research studies that deal with a group as psychologically homogeneous on the basis of a common physical characteristic. Shelsky,¹ for instance, found no significant discrepancies between the present self-concept and the ideal self-concept of a group of amputees. But to what extent was this finding representative of a general reaction to amputation, and to what extent was it due to the presence of a preponderance of deniers within the group of amputees? It would seem that increased recognition of individual differences in reaction to physical disability would refine and add to the significance of research in the field.

The field-theory approach to disability might be further tested with a more heterogeneous group of Ss and with a more complete and diversified set of determinants of disabled self-identification.

Further investigation of the fantasied non-disabled self, perhaps at a level of greater depth than that employed in the present study, might disclose a relationship between this self and the specifically disabled self. It may be that the nondisabled self serves

¹ I. Shelsky. The effect of disability on self-concept. Unpublished doctoral dissertation, Columbia Univer., 1957.

a greater compensatory function for the very severely disabled or the very old and infirm than it does for the present Ss.

And, finally, additional research might attempt to delineate further the psychological characteristics of exaggerators and deniers. Perhaps a means could be found to differentiate between a favorable minimization and an unfavorable denial.

CHAPTER V

SUMMARY

Some correlates of distortion in the perception of severity of self-blindness were investigated in this study. Eighty-six blind adolescents and young adults responded to the Fitting Adjustment Scale and a Perceived Severity of Blindness Scale. Distortion in perception of blindness was computed on the basis of the relationship between perceived severity and objective severity of blindness. In addition, Ss responded three times to a set of descriptive words and phrases, indicating How I would be with normal vision, How I am now, and My idea of the ideal person. Disparagement of the present self and of the sighted self were rated according to the number of discrepancies between the ideal and each of these aspects of self-concept.

Two hypotheses were confirmed. Exaggeration of self-blindness was found positively related to maladjustment to blindness, and to the tendency to disparage the present self.

Five hypotheses were not confirmed. No relationship was established between exaggeration of self-blindness and the tendency to disparage the fantasied sighted self. No relationship was established between denial of self-blindness on the one hand, and maladjustment to blindness, disparagement of the present self, or disparagement of the fantasied sighted self on the other. Nor was

any relationship established between distortion in the perception of the degree of self-blindness and three situational factors: objective degree of blindness, duration of blindness, and degree of association with other blind persons.

The findings were further analyzed with respect to chronological age and mental development.

The results were discussed in terms of the self-concept and adjustment of the disabled, rehabilitation work, and further research.

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APPENDIX A

Word List, Used for Description of Present Self, Fantasied
Sighted Self, and Ideal Person

cooperative	intelligent	annoying	ignorant
fearful*	failure	good-looking*	easily-influenced
likeable	big-hearted	unreasonable	unintelligent
homely*	dependable*	optimistic*	successful
reasonable	happy	careless	selfish
pessimistic*	unsure	slow	unreliable
careful*	luxury-loving*	practical*	sad
quick*	talkative*	trusting	confident
dreamy*	kind	half-hearted	thrifty
suspicious*	satisfied	different*	quiet*
determined	confused	skillful	mean
average*	boastful	energetic*	discontented
clumsy	useless	follower*	clear-thinking
lazy	settled*	considerate	modest
leader	sly	lucky*	useful
thoughtless	calm	serious*	changeable*
unlucky*	thick-skinned*	keep-to-yourself	straightforward
light-hearted*	uninterested	warm	nervous
sociable	independent	depend-on-others	sensitive*
cold	sickly	healthy	curious*
educated	quarrelsome	patient	impatient
stubborn*	courageous*	meek*	bossy

* Words used in obtaining concept of ideal person.

APPENDIX B

Perceived Severity of Blindness Scale and Guide to Scoring

(Scoring values of items 6, 7, 8, 9, and 11 were not read to subjects.)

1. How complete is your loss of sight? 100 stands for complete loss of sight; 0 stands for normal vision; 50 stands for 50 per cent loss of sight. Rate yourself between 0 and 100 for what you feel is your loss of sight.
2. How much does your blindness interfere with your travel (with a dog, or cane, if you use them, but without the help of another person)? 100 stands for complete interference; 50 stands for halfway interference; 0 stands for no interference. Rate yourself with any number between 100 and 0 for how much your blindness interferes with your travel.
3. How much does your blindness interfere with your self-care (washing, dressing, eating, etc.)? 100 stands for complete interference; 50 stands for halfway interference; 0 stands for no interference. Rate yourself with any number between 100 and 0 for how much your blindness interferes with your self-care.
4. How much does your blindness interfere with the way you enjoy yourself in your free time? 100 stands for complete interference; 50 stands for halfway interference; 0 stands for no interference. Rate yourself with any number between 100 and 0 for how much your blindness interferes with the way you enjoy yourself in your free time.
5. How severe do you feel your blindness is compared to that of all other people classified as blind? 100 means yours is the most severe; 0 means yours is the least severe; 50 means about average for people classified as blind. Rate yourself between 0 and 100 for how severe your blindness is, compared to that of all other people classified as blind.
6. Which of these lines comes closest to describing the amount of eyesight you have?

a. Totally blind	(100)
b. Can see no more than light and darkness	(83)
c. Can see no more than form and motion	(67)
d. No more than traveling sight	(50)
e. Can read no more than large headlines	(33)
f. In between blind and sighted	(17)
g. Not really blind at all	(0)

7. Which of the following comes closest to describing how much your blindness interferes with your traveling (with a dog or cane if you use them, but without the help of another person)?
- a. Doesn't make any difference. (0)
 - b. Makes some things more difficult, but you can manage just about everything. (20)
 - c. Keeps you from doing some things, but you can manage most. (40)
 - d. Can do about half. (60)
 - e. Keeps you from doing most things, but you can do some important ones. (80)
 - f. Leaves you little or nothing you can do for yourself. (100)
8. Which of the following comes closest to describing how much your blindness interferes with your self-care?
- a. Doesn't make any difference. (0)
 - b. Makes some things more difficult, but you can manage just about everything. (20)
 - c. Keeps you from doing some things, but you can manage most. (40)
 - d. Can do about half. (60)
 - e. Keeps you from doing most things, but you can do some important ones. (80)
 - f. Leaves you little or nothing you can do for yourself. (100)
9. Which of the following comes closest to describing how much your blindness interferes with your recreation?
- a. Doesn't make any difference. (0)
 - b. Makes some things more difficult, but you can manage just about everything. (20)
 - c. Keeps you from doing some things, but you can manage most. (40)
 - d. Can do about half. (60)
 - e. Keeps you from doing most things, but you can do some important ones. (80)
 - f. Leaves you little or nothing you can do for yourself. (100)
10. Considering all these questions and any other things that come to your mind, how much of an overall handicap do you consider your blindness? 100 means the most severe handicap; 0 means no handicap at all; 50 means a 50 per cent handicap. Rate yourself between 0 and 100 for how severe an over-all handicap you feel your blindness is.

11. Which of the following comes closest to describing your blindness as an over-all handicap?

- a. Doesn't make any difference (0)
- b. Makes some things more difficult, but you can manage just about everything. (20)
- c. Keeps you from doing some things, but you can manage most. (40)
- d. Can do about half. (60)
- e. Keeps you from doing most things, but you can do some important ones. (80)
- f. Leaves you little or nothing you can do for yourself. (100)

C

APPENDIX C

Relationship Between Denial and Maladjustment

After the analysis reported in the body of the study was completed, it was suggested¹ that Denial might be found significantly related to some of the major variables if chronological age and mental development were held constant in these relationships. One additional statistically significant relationship was found in this manner. When chronological age was partialled out of the relationship between Denial and Maladjustment, the resulting partial correlation of .24 was statistically significant at the .05 level.

However, in view of the number of correlations that were run before this relationship could be found, its reliability may be open to question, and its implications are uncertain.

¹ The suggestion was made by Professor Hirsch, Columbia University.

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